



A KIND & CARING *Home Care, LLC*

ORIENTATION CHECKLIST

Name: _____

PLEASE PUT YOU INITIALS ON EACH LINE

ALL STAFF

1. _____ I have received information concerning Organizational structure, Agency Mission Statement, and Services Offered.
2. _____ I have received my job description and understand my relationship with other agency personnel as well as my own rights and responsibilities.
3. _____ I have received and reviewed the employee Handbook, understand that I am responsible for the information contained within, and will perform according to the guidelines outlined.
4. _____ I know where to find the policy & procedure manual and know the procedure for their retrieval and review.
5. _____ I understand my legal, ethical and moral obligation to maintain confidentiality relating to our patients/clients and other agency documentation.
6. _____ I acknowledge that the agency maintains a drug-free work place.
7. _____ I have read and understand the Fraud and Abuse policy.
8. _____ I have read and understand I can ask question regarding A Kind & Caring Home Care, LLC compliance plan.
9. _____ I understand my reporting responsibilities in regard to the organizational chart for A Kind & Caring Home Care, LLC.
10. _____ I understand that the agency is governed by State and Federal regulations and that I must perform my duties according in these requirements.

11. _____ I understand the difference between a legal requirement and an ethical consideration.

12. _____ I am aware that maintaining a comfortable, safe environment for all clients is one of my primary responsibilities.

13. _____ I understand the definition of an unusually occurrence and will report any to my supervisor immediately (incident reporting).

14. _____ I understand what information is considered “reportable” concerning the agency and who to report information to.

15. _____ I have reviewed a copy of the “Patient Bill of Rights” and understand my responsibility to the guidelines outline.

16. _____ I understand Advance Directives and ‘Do not resuscitate’ orders. I understand how these affect the care A Kind & Caring Home Care, LLC gives to its clients.

17. _____ I have reviewed the policy regarding safety and disaster preparedness.

18. _____ I have reviewed and understand the significance of:

- ❖ Criminal back-ground check
- ❖ OSHA’S Blood Bone Pathogens Standards
- ❖ Patience Abuse Policy
- ❖ Fraud and Abuse

19. _____ I understand how to

- ❖ Report
- ❖ Complete Time Sheets
- ❖ Document all Patient/Client visits
- ❖ Access medical supplies

20. _____ I understand conflict of interest policy and have sign the policy.

21. _____ I understand my duties regarding record keeping and reporting

22. _____ I understand how to report and complete documentation for incidents and reporting of variances

23. _____ I will be oriented to any specific equipment needed to perform my job duties.

24. _____ I understand that the registered nurse and management staff will convey charges for services to the patient.

25. _____ I have been oriented to the agency compliance plan and understand the Administrator is the compliance officer

Employee Signature

Date

Agency Representative

Date